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**APPLICANTS**

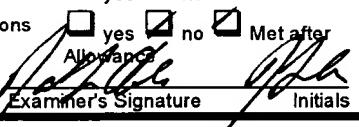
THOMAS R. CECH, BOULDER, CO;  
 JOACHIM LINGNER, BOULDER, CO;  
 TORU NAKAMURA, BOULDER, CO;  
 KAREN B. CHAPMAN, SAUSALITO, CA;  
 GREGG B. MORIN, PALO ALTO, CA;  
 CALVIN B. HARLEY, PALO ALTO, CA;  
 WILLIAM H. ANDREWS, RICHMOND, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CIP OF 08/845,050 04/21/1997 PAT 5,743,518  
 WHICH IS A CIP OF 08/846,017 04/25/1997 ABN  
 WHICH IS A CIP OF 08/851,843 05/06/1997 PAT 6,093,809  
 AND A CIP OF 08/844,419 04/18/1997 ABN  
 AND SAID 08/851,843 05/06/1997  
 IS A CIP OF 08/724,643 10/01/1996 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 11/24/1997

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CO	SHEETS DRAWING 44	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 17
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature  Initials 				

**ADDRESS**

GERON CORPORATION  
 230 CONSTITUTION DRIVE  
 MENLO PARK, CA 94025

**TITLE**

HUMAN TELOMERASE CATALYTIC SUBUNIT: DIAGNOSTIC AND THERAPEUTIC METHODS

FILING FEE RECEIVED 2644	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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